(c) whether the issue has gone before the Food and Drug Administration Advisory Panel;

(d) if so, the recommendations made by the Drug Administration Advisory panel;

(e) whether it is also a fact that VIOXX causes cardiovascular risks;

(f) whether the Ministry is also allowing drugs celebrex and Bextra; and

(g) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir. The drug has been prohibited for market and sale in the country since December, 2004.

(b) to (d) Question does not arise.

(e) Reports had appeared that cardiovascular adverse effects were noticed with the long-term use of the drug.

(f) and (g) The drugs Valdecoxib and Celecoxib, which are internationally marketed as Bextra and Celebrex respectively, are also approved for marketing in the country. However, on the recommendations of National Pharmacovigilance Advisory Committee, the manufacturers of Celecoxib and Valdecoxib in the country were directed to incorporate cautionary warning on the label of such drugs that these drugs should be used with caution in patients suffering from Coronary Heart Disease (CHD)/ Cardiovascular Disorder.

Improving PH Centres in the States

†4742. SHRI DARA SINGH CHAUHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are having any scheme to improve the functioning and upgrade the primary health centres in the country specially in the rural areas of Uttar Pradesh, Bihar, Orissa, Chhattisgarh, Jharkhand and North-Eastern States;

(b) if so, the details of programmes and schemes formulated for this purpose and if not, the reasons therefor; and

(c) the scheme formulated by Government for allocation of funds in the current year for the above States in this purpose?

†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. The recently launched National Rural Health Mission aims at strengthening Primary Health Centres for quality preventive, promotive, curative, supervisory and outreach services, through:

* Adequate and regular supply of essential quality drugs and equipments (including Supply of Auto Disabled Syringes for immunization) to PHCs

* Provision of 24 hour service in at least 50% PHCs by addressing shortage of doctors, especially in high focus States, through mainstreaming AYUSH manpower.

* Observance of Standard treatment guidelines & protocols.

* In case of additional Outlays, intensification of ongoing communicable diseases control programmes, new programmes for control of non-communicable diseases, upgradation of 100% PHCs for 24 hours referral services, and provision of 2nd doctor at PHC level (1 male, 1 female) would be undertaken on the basis of felt need.

(c) Health is primarily a State subject and Primary Health Centres are established and maintained by respective State Governments out of the State sector health outlay. The allocation of funds under National Rural Health Mission (NRHM) for 2005-06 is Rs. 6731.16 crores.

New OPD Block in Safdarjung Hospital

4742. SHRI R.K. ANAND:
SHRIMATI AMBIKA SONI:
SHRI SANTOSH BAGRODIA:
SHRI HARISH RAWAT:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that two new wings of the new OPD Block have been constructed in Safdarjung Hospital but the same have not yet been put to use defeating the very purpose of bringing the OPDs at one place;